

**Commonwealth of Massachusetts
Department of Workforce Development
Division of Apprenticeship Training**

Check List

Compliance Officer:		Number:	
Company:		Trade:	
New Program Application	YES / NO	Comments	
Complete Application Form			
Page 1 and 2			
Copy of Regulations			
Regulation Statement Sheet Signed			
Affirmative Action Plan if applicable			
Number of journeypersons			
List of Journeypersons and license #s			
Ratio (explained)			
Wage Sheet			
Wage Amendment (explained)			
Work Process			
Related Training Requirements			
Related Training Sheet (explained)			
Apprentice Evaluation (explained)			
Program Extension (explained)			
Notification of Apprentice Cancellation			
Certificate Request			
Completed Agreement (no cross outs)			
30 day maximum for start date			
Date given to Sponsor			
Date Completed and Reviewed by Field Rep:			